



CREDIT CARD AUTHORIZATION FORM

I _____ authorize Highpoint Academy to charge my credit card on the first day of each month until tuition balance is satisfied.

STUDENT NAME _____

TOTAL AMOUNT OWED \$ _____ USD.

MONTHLY AMOUNT TO BE CHARGED \$ _____ USD.

NAME ON CARD _____

(As it appears on card)

E-MAIL: _____

CREDIT CARD TYPE _____ (VISA, MASTERCARD, DISCOVER)

CREDIT CARD # _____

CARD CV2 # _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

SIGNATURE

DATE